

Part A – General Information

Background: the [Pew Environmental Health Commission](#) documented the need for a national environmental public health tracking surveillance network in its January 2001 report "America's Environmental Health Gap: Why the Country Needs a Nationwide Health Tracking Network." The "gap" that this report describes is the lack of basic information that could document possible links between environmental pollutants, chronic diseases, and other diseases. The [Pew](#) report also underscores the need for a strong tracking infrastructure that can rapidly detect and respond to disease outbreaks associated with terrorist acts. Thank you for participating in this Survey. To learn more about Environmental Public Health Tracking , visit: <http://www.cdc.gov/nceh/tracking/>.

Date: _____

Interviewer (if present): _____
(provide name)

Name of Interviewee: _____
(provide name)

Interviewee contact information: _____
(phone number) (fax number) (email address)

Database Owner Name: _____
(Department/Division/Unit)

Physical location database: _____
(address/building/floor)

Database Manager: _____
(provide name)

Manager Contact Information: _____
(phone number) (fax number) (email address)

Name of Database: _____

What is this database used for?

Part B – Coverage

1. What is the geographic coverage of the dataset? (*check one*)

- ☐ Statewide
- ☐ CT plus some other region Specify: _____
- ☐ Region Specify: _____
(e.g. Northeast, Health Service Delivery Area, Local Health District)
- ☐ County Specify: _____
- ☐ Non-Attainment area Specify: _____
- ☐ Neighborhood Specify: _____
- ☐ Facility Specify: _____
- ☐ Other Specify: _____

2. What is the population coverage of the dataset?

- ☐ Not Applicable
- ☐ Statewide, all ages – no exclusions
- ☐ Statewide, specific ages/age categories Specify: _____
- ☐ Specific subgroup Specify: _____
(e.g.: uninsured/underinsured, WIC enrollees, Medicaid enrollees, males/females, hospital patients)
- ☐ Other Specify: _____

3. Facilities/Features Characteristics: (*e.g. sampling or monitoring location*)

- ☐ Not Applicable
- ☐ Statewide – all facilities included
- ☐ Regulatory interest by **size** of facility/features
Specify regulatory Interest: _____
Please cite specific CT General Statutes, CFR, RCSA, etc.
Specify facility/site size: _____
(e.g. major sources, area sources, greater than 10 employees, etc.)
- ☐ Regulatory interest by **type** of facility/site
Specify regulatory interest: _____
Please cite specific CT General Statutes, CFR, RCSA, etc.
Specify facility type: _____
(e.g. manufacturing, waste disposal facilities, superfund sites, other sample sites etc.)
Specify SIC code: _____
- ☐ Regulatory interest by **contaminant:**
Specify contaminant class or chemical family: _____
(e.g. VOC, PCB, inorganics, etc.)
Specify EPA/ASTM analysis method number or code: _____
(e.g. 525.1 Organic compounds in drinking water, 0625-S Priority pollutants in sludges, PP-006, Mercury in fish)

Part C – Data Source

1. What is the source of the data in the database?

- ☐ Birth Registry
- ☐ Death Registry
- ☐ Tumor registry
- ☐ Medical Provider records (*check specific type of provider record*)
- _____ Hospital Discharge
- _____ Hospital Outpatient
- _____ Emergency Department
- _____ Referral/Specialty
- _____ Private Practitioner
- _____ Primary Care
- _____ Other Specify: _____
- ☐ School Health Records
- _____ School Nurse
- _____ School Based Clinic
- _____ Other Specify: _____
- ☐ Healthcare Payer Records
- _____ Medicare
- _____ Medicaid
- _____ Private Insurance/HMO
- _____ Other Specify: _____
- ☐ Pharmacy Records
- ☐ Population Survey
- Self Report? (*e.g. BRFSS*) _____ Yes _____ No
- Verified with Medical Records? _____ Yes _____ No
- ☐ Laboratory Reports Specify type of sample: _____
- Is this a notifiable disease? If yes, specify: _____
- ☐ Facility Reports (*e.g. permitting*)
- ☐ Agency Inspections/Reports
- _____ Compliance
- _____ Complaint
- _____ Other Specify: _____
- ☐ Environmental Monitoring Specify: _____
- _____ Fixed monitor Specify: _____
- _____ Mobile monitor Specify: _____
- _____ Special study Specify: _____
- ☐ Other data source Specify: _____

Part D – Timeframe, Method/Mode of Collection & Reporting to the Database

1. What is the current method/mode of data reporting/entry ? (check all that apply)

☐ Electronic submission (check all that apply)

_____ Data file on media (e.g. diskette, CDROM, zip disk, zip drive, portable hard drive)

_____ Data streaming (e.g. real time sensor data)

_____ FTP

_____ Network (local)

_____ Wide Area Network (i.e. Internet)

_____ Electronic laboratory reporting

_____ Active download from website

_____ Email attachment

Specify type of attachment: _____
(e.g. document, encrypted file, pdf, spreadsheet, textfile)

_____ Other

Specify: _____

☐ Hard copy (mail or fax)

2. Is the data reporting voluntary or required?

☐ Voluntary

☐ Required

Specify regulatory requirement: _____

3. Is the data actively collected or passively received?

☐ Actively collected (e.g. program auditing of medical records, program collection of samples)

Briefly describe mechanism: _____

☐ Passively received

4. What is the initial month and year of data collection? Month/Year (mmyyyy): _____

5. Is this data currently collected?

☐ No Date data collection stopped: _____

☐ Yes

6. How many records are reported annually? _____

If unknown, what is the total number of records in the database? _____

7. How is the data processed? (check all that apply)

☐ Manual data entry

☐ Data transformed (e.g. data recoded or reformatted)

☐ Automated updating of new records

☐ Other

Specify: _____

8. Was chain of custody procedure required for the sample?

☐ Yes Is chain of custody documented in the database? ____ Yes ____ No

☐ No

Part E - Significant Changes in Data Collection

1. Have there been any significant interruptions in data collection since the initial month/year of collection?

☐ No

☐ Yes Date start interruption: _____ Date end interruption: _____

2. Have there been any other significant changes in data collection? *(complete all that apply)*

☐ No changes

☐ Changes in method/mode of data collection

Date of change: _____ Describe briefly: _____

☐ Addition/Deletion of variables collected

Date of change: _____ Describe briefly: _____

☐ Coding Changes *(e.g. classification of items, changes in case definition)*

Date of change: _____ Describe briefly: _____

☐ Changes in inclusion criteria

Date of change: _____ Describe briefly: _____

☐ Other change

Date of change: _____ Describe briefly: _____

Part F – Timeliness

1. How often is the data collected?

- ☐ Near real time
☐ Hourly
☐ Daily
☐ Weekly
☐ Monthly
☐ Other

Describe briefly: _____

2. What is the average/typical time lag between when the **data is collected** and when the **data is reported to/entered into the data system**? (indicate time period where applicable, e.g. 3 hours, 2 months)

- _____ Near real time
_____ Hours
_____ Days
_____ Weeks
_____ Months
_____ Other

Describe briefly: _____

3. What is the average/typical time lag between when the **data is reported to/entered into the data system** and when the **data is available for internal staff use**? (indicate time period where applicable, e.g. 3 hours, 2 months)

- _____ Near real time
_____ Hours
_____ Days
_____ Weeks
_____ Months
_____ Other

Describe briefly: _____

4. What is the average/typical time lag between when the **data is reported to/entered into the data system** and when the **data is available for external use/public release**? (indicate time period where applicable)

- _____ Near real time
_____ Hours
_____ Days
_____ Weeks
_____ Months
_____ Other

Describe briefly: _____

Part G – Types of Data Elements

1. What personal identifiers are collected? *(check all that apply)*

- ☐ Name of patient/client
- ☐ Social Security Number
- ☐ State File Number
- ☐ Medicaid ID
- ☐ Other

Specify: _____

2. What type of demographic data is collected? *(check all that apply)*

- ☐ Age
- ☐ Race
- ☐ Ethnicity
- ☐ Gender
- ☐ Other

Specify: _____

3. Is disease diagnosis collected?

- ☐ No
- ☐ Yes Obtained from which source?

_____ Physician's Reportable Disease Confidential Case Report (PD-23)

_____ Self-report

_____ Laboratory Report

4. What are the date and time measurements collected? *(check all that apply)*

- | | <u>Date collected</u> | <u>Time collected</u> |
|--|-----------------------|-----------------------|
| <input type="checkbox"/> Disease onset | Yes _____ | Yes _____ |
| <input type="checkbox"/> Sample collection | Yes _____ | Yes _____ |
| <input type="checkbox"/> Sample received at laboratory | Yes _____ | Yes _____ |
| <input type="checkbox"/> Sample analysis performed | Yes _____ | Yes _____ |
| <input type="checkbox"/> Sample results reported to program/agency | Yes _____ | Yes _____ |

☐ Other Specify: _____

5. What site/facility identifiers are collected? *(check all that apply)*

- ☐ Not applicable
- ☐ Permit number
- ☐ State ID
- ☐ Federal ID
- ☐ Dun & Bradstreet
- ☐ SIC/NAIC code
- ☐ Other

Specify: _____

Part G – Types of Data Elements (Continued)

6. What geographic identifiers are included in the database? *(check all that apply)*

☐ Coordinates, obtained by:

____ Geocoding

____ GPS

____ Screen Digitized

____ Other

Specify: _____

☐ Address *(check all that apply)*

____ Street number

____ Street name

____ Intersection(Cross Street Name)

____ Town

Are boroughs/villages collected? ____ Yes ____ No

____ State

____ Zip Code

Is zip+4 collected? ____ Yes ____ No

____ County

____ Census tract

____ Census block group

____ Census block

____ Other

Specify: _____

☐ Water body/hydrologic unit

Specify type: _____

☐ Basin/Watershed

☐ River/Stream

☐ Transportation Corridor

☐ Other geographic identifier

Specify: _____

7. What other identifiers are included? *(check all that apply)*

☐ Concentration level, obtained through:

____ sampling

____ monitoring

____ calculation

____ modeling

☐ Chemical Type

☐ Emission Rate/Discharge Rate

☐ Environmental Media Type

☐ Compliance Status

☐ Source of Emission/Discharge/Release *(check all that apply)*

____ Stationary

____ Mobile

____ Area

____ Non-Point

____ Point

____ Biogenic

____ Fugitive

____ Stack

____ Other, Specify _____

Part H – Use of data

1. What are the data used for presently? *(check all that apply)*

- ☐ Public health
- ☐ Environmental Risk Assessment
- ☐ Human Health Risk Assessment
- ☐ Hazardous Waste Site Characterization
- ☐ Environmental actions including enforcement
- ☐ Program Planning
- ☐ Program Evaluation
- ☐ Public Education
- ☐ Monitoring trends
- ☐ Compliance monitoring
- ☐ Regulation development
- ☐ Hazard identification *(e.g. alerts, spills, etc.)* Specify _____
- ☐ Decision Support
- ☐ Other Specify _____

2. What are planned future uses of the data? *(check all that apply)*

- ☐ Public health
- ☐ Environmental Risk Assessment
- ☐ Human Health Risk Assessment
- ☐ Hazardous Waste Site Characterization
- ☐ Environmental including enforcement
- ☐ Program Planning
- ☐ Program Evaluation
- ☐ Public Education
- ☐ Monitoring trends
- ☐ Compliance monitoring
- ☐ Regulation development
- ☐ Hazard identification *(e.g. alerts, spills, etc.)* Specify _____
- ☐ Decision Support
- ☐ Other Specify _____

3. What level of government uses the data? *(check all that apply)*

- ☐ Local If only used by local, check here _____
- ☐ State If only used by state, check here _____
- ☐ Federal If only used by federal check here _____
- ☐ Regional If only used by regional check here _____
- ☐ Other Specify _____

Part I – Legal Authorities/ Access to Data

1. Which statutes/regulations provide legal authority to collect the data?

2. Which statutes/regulations provide legal authority to share the data?

3. Briefly describe the policy/process for sharing data

Policy/Process: _____

4. Who should be contacted to obtain data from the database?

Name: _____

Phone Number: _____ Fax Number: _____

Email: _____

5. Describe data sets/data reports currently available for public access

6. Are the datasets/data reports identified in item 5 available through *(check all that apply)*:

☐ Hard copy

☐ Electronic media

☐ Web based Specify internet address: _____

7. Is a data dictionary available?

☐ No

☐ Yes In what format is the data dictionary available? *(check all that apply)*

____ Hard copy (please provide copy with completed survey)

____ Electronic media

____ Web based Specify internet address: _____

8. Does a fact sheet or meta data document exist for this data set?

☐ No

☐ Yes In what format is the meta data available? *(check all that apply)*

____ Hard copy (please provide copy with completed survey)

____ Electronic media

____ Web based Specify internet address: _____

Part J – IT structure/architecture

Technical Contact:

(provide name)

Technical Contact Information:

(phone number)

(fax number)

(email address)

1. How are the data stored?

☐ Hard drive

☐ CD-Rom

☐ Data storage provider

☐ Network Facility

☐ Other

Specify _____

2. What computer platform is used to host the database?

☐ Personal Computer (Intel x86 / AMD)

☐ IBM Mainframe

☐ Sun Microsystems

☐ Macintosh

☐ Sparc

☐ Silicon Graphic

☐ Other

Specify _____

3. What operating system is used to host the database?

☐ Unix

☐ Macintosh

☐ Microsoft (i.e. NT, 2000, XP)

☐ Microsoft Server (i.e. NT, 2000, 2003)

☐ Linux

☐ Other

Specify _____

Part J – IT structure/architecture (continued)

4. What format or database server does the database adhere to?

- ☐ Flat File
- ☐ DB2
- ☐ MS Excel
- ☐ MS SQL
- ☐ SAS / SPSS / STATA
- ☐ Fox Pro
- ☐ Paradox
- ☐ MS Access
- ☐ Oracle
- ☐ Other

Specify _____

5. What format is Geospatial (GIS) stored in?

- ☐ Shapefile
- ☐ Coverage
- ☐ Personal Geodatabase
- ☐ Multiuser Geodatabase
- ☐ Other

Specify DBMS: _____

Specify: _____

6. How are data within the database typically accessed?

- ☐ Web-based Internet
- ☐ Web-based intranet
- ☐ Client-Server Application
- ☐ Terminal to main frame (*i.e. ADM*)
- ☐ Application
- ☐ Manual
- ☐ Other

Specify _____

7. Is the dataset stored using a Nationally recognized standard(s)? (*i.e. HL-7, HIPAA, EDSC, EDI*)

- ☐ No
- ☐ Yes

Specify _____

Part K – Supporting documents

Please provide citations for reports or documents that describe the data system, management of data or system, use of data or include analyses of collected data:

Comments:
